

No. <b>C 116997</b>		<b>Due no later than Nov 30, 2006</b>		<b>Annual Report Form</b>				2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  JOHN A. COLEMAN, CHTD. JOHN A. COLEMAN P.O. BOX 1293 TWIN FALLS ID 83303-1293		JOHN A. COLEMAN 401 2ND ST. NO. TWIN FALLS ID 83303				3. <u>New</u> Registered Agent Signature: *	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
PRESIDENT	JOHN A. COLEMAN	401 GOODING STREET NORTH	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of:		6. Annual Report must be signed. *							
<b>IDAHO C 116997</b>		Signature: John A. Coleman				Date: 09/08/2006			
		Name (type or print): John A. Coleman				Title: President			
Processed 09/08/2006		* Electronically provided signatures are accepted as original signatures.							